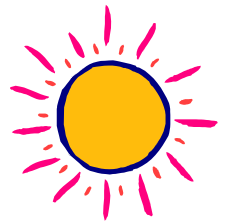




SALMON BROOK PARK
SUMMER PROGRAM REGISTRATION FORM
PLEASE COMPLETE ONE (1) REGISTRATION FORM PER CHILD



PARTICIPANT NAME (Last, First) _____
Nick Name _____ **Age 7/1/07** _____ **Sex** _____
DOB _____ **Grade 9/07** _____ **School** _____
Address _____ **ZIP** _____
Home Phone _____ **Daytime Phone** _____
Cell Phone _____
Parent/Guardian Name _____
In Case of Emergency, Please Notify (grandparent, babysitter...):
Name _____ **Daytime**
Relationship _____ **Phone** _____

PROGRAM REGISTRATION

SALMON BROOK PARK MEMBERSHIP \$ _____

Family _____ Adult _____ Youth _____

Please name each person:

DAY CAMP (Please complete medical form on back) \$ _____

Specify ✓ either week 1 or week 2 of each session

I 6/25 _____ **II Trip Week/\$30day** 7/2 _____ 7/3 _____ 7/5 _____ 7/6 _____
III 7/9 _____ 7/16 _____ **IV** 7/23 _____ 7/30 _____ **V** 8/6 _____ 8/13 _____

Day Camp _____ Half-Day Camp _____ Super Gang Camp _____ 'Tweens _____
KinderCamp _____ KinderCamp All-Day _____ CIT – 1st Year _____ 2nd Year _____

Transportation on 6/16 _____ 6/17 _____ 6/18 _____

➤ **LESS EARLY REGISTRATION DISCOUNT** (by 6/1) \$ _____
➤ **LESS ADD'T'L FAMILY MEMBER** \$ _____

TEEN SIZZLERS \$ _____

6/28 _____ 7/12 _____ 7/17 _____ 7/26 _____ 8/9 _____

SWIM LESSONS \$ _____

Jr. Lifeguard 1st Year _____ 2nd Year _____

Swim Lessons Swim Level _____ Need testing _____

I 6/25 – 7/7 _____ (no 4th) **II** 7/9 – 20 _____ **III** 7/23 – 8/3 _____

Parent /Tot 6/23-8/11 _____

NON-RESIDENT FEES (\$5 per session/week per child per program) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

EMERGENCY AUTHORIZATION: I understand that in any activity there is an inherent amount of risk involved. Parent/guardian signature on this form indicates recognition of those risks, permission to participate and consent for the staff at Salmon Brook Park to secure emergency medical treatment in the event I cannot be reached.

Parent/Guardian Signature

Date

[FOR OFFICE USE ONLY] DATE REC'D _____ CHECK # _____ CASH _____ LICENSE VERIFICATION _____

MEDICAL CARD – For Day Camp Only

Camper's Name _____
Address _____ ZIP _____
Home Phone _____ Age as of _____ Grade _____
DOB _____ 7/1/07 _____ 9/07 _____

Mother/Guardian _____
Daytime Phone _____ Cell Phone _____

Father/Guardian _____
Daytime Phone _____ Cell Phone _____

Child Lives With: _____

The well being of your child is very important to us. Is there anything special you would like us to know about your camper? _____

Allergies (foods, smells, hay fever, poison ivy, insect bites, asthma, etc.) & medications: _____

What activities can your child NOT participate in? _____

Why? _____

What medications is your child currently taking? _____

What for? _____

List meds your child has to bring to camp: _____

<p>PLEASE NOTE: The staff does NOT administer medications; if a camper is unable to administer them him/herself, a parent is required to come to camp to administer them.</p>
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Parent/Guardian Signature

Date

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